

Docket No.: PN0301
Application No.: To be assigned
Filing Date: Herewith
Group Art Unit: To be assigned
Examiner: To be assigned
Declaration Submitted With/After Initial Filing

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

pH-SENSITIVE LIPOSOMES

the specification of which

☒ [X] is attached hereto.

OR

☐ [] was filed on _____ as United States Application No. _____ or PCT International Application No. _____ and was amended on _____. (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or (f) or Section 365 (b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign applications for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

20030117
(Application Serial No.)

NORWAY
(Country)

10 JANUARY 2003
(Day/Month/Year Filed)

20033173
(Application Serial No.)

NORWAY
(Country)

10 JULY 2003
(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional patent application(s) listed below:

(Application Serial No.)

(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, CFR Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Day/Month/Year Filed)

(Status)
(patented, pending, abandoned)

As a named inventor, I hereby appoint the following attorneys or agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Customer Number: 36335

<u>Royal N. Ronning, Jr.</u>	<u>(Reg. No. 32,529)</u>
<u>Stephen G. Ryan</u>	<u>(Reg. No. 39,015)</u>
<u>Robert F. Chisholm</u>	<u>(Reg. No. 39,939)</u>
<u>Jess Boudreaux</u>	<u>(Reg. No. 35,073)</u>
<u>Li Cai</u>	<u>(Reg. No. 45,629)</u>

Send correspondence to: Amersham Health, Inc
IP Department
101 Carnegie Center
Princeton, New Jersey 08540

Direct telephone calls to: (609) 514-6905

Direct facsimiles to: (609) 514-6572

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Knut-Egil Loekling

Inventor's signature: _____

Date: _____

Post Office Address: Solbergliveien 79
N-0683 Oslo
Norway

Citizenship: Norwegian

Full name of second inventor: Roald Skurtveit

Inventor's signature: _____

Date: _____

Post Office Address: Amersham Health AS
Nycoveien 1-2
P.O.Box 4220 Nydalen
N-0401 Oslo
Norway

Citizenship: Norwegian

Full name of third inventor: Sigrid Lise Fossheim

Inventor's signature:

Date:

Post Office Address:

Amersham Health AS
Nycoveien 1-2
P.O.Box 4220 Nydalen
N-0401 Oslo
Norway

Citizenship:

Norwegian